

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90236 049 ***150.00

DOCUMENT # S75697

1. Entity Name

SCA - FT. MYERS, INC.



Principal Place of Business

ONE HEALTHSOUTH PKWY.
BIRMINGHAM AL 35243
US

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238
US

14021874



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1953070**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	GORDON, JOEL C	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, ROBERT P	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEMARAY, C. DREW	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BRANDON, HALE O	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	HORTON, WILLIAM W	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY SANSONE	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM, ALABAMA 35243	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY LEDDOODY	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM, ALABAMA 35243	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN M MENKE	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM, ALABAMA 35243	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN M. MENKE 4/30/04 (205) 967-7116

Date

Daytime Phone #

Attachment

14021874
#S75697

SCA Ft. Myers Inc

Officers & Directors

Joel C. Gordon
Chairman of the Board and Director

Robert P. May
President and Director

Gregory L. Doody*
Secretary

Guy Sansone
Vice President Treasurer and Director

Larry D. Taylor
Vice President

Patrick A. Foster
Vice President

Karen Davis
Vice President

C. Drew Demaray
Vice President and Assistant Secretary

Beall D. Gary, Jr.
Vice President and Assistant Secretary

Brian M. Menke
Vice President

Lisa Byrd
Vice President

C/O
Healthsouth Corporation
One Healthsouth Parkway
Birmingham, AL 35243